



HARVARD
MEDICAL
SCHOOL

Nurses' Health Study II



HARVARD
SCHOOL of
PUBLIC HEALTH

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February 23, 2001

Dear Colleague:

We would like to take this opportunity to thank you once again for your continued and dedicated participation in the Nurses' Health Study II. The accuracy and completeness of the information you and your fellow participants provide are truly impressive. This information will enable the study to continue to answer many critical questions about lifestyle factors and women's health. We would like to expand our information on social relationships and social supports which we believe are important to women's health.

The attached supplemental questionnaire asks about your social supports, intimate relationships, life stresses, and pregnancy outcomes. As always, your responses are confidential and will only be used for statistical purposes. We welcome any comments you may have and encourage you to write them on a separate sheet and return it to us in the enclosed postage-paid envelope along with the completed questionnaire. You may also contact us directly at (617) 525 2279, if you have any specific questions, comments, or requests for referrals. If you choose not to participate in this questionnaire, it will not jeopardize your continued participation in the Nurses' Health Study II.

Once again, we thank you in advance for your timely contribution to this important and ongoing research study.

Yours sincerely,

Walter Willett

Walter C. Willett, MD DrPH
Principal Investigator, Nurses' Health Study II

Rosalind J. Wright

Rosalind J. Wright, MD MPH
Project Director

P.S. The supplemental questionnaire data is crucial to maintaining the validity of this study. Your reply within the next 2 weeks would be greatly appreciated as this will help keep costs down.

Instructions

Please use an ordinary
No. 2 pencil ONLY.
Please keep all write-in
responses within the
spaces provided. Write
any comments on a
separate sheet.

CORRECT
MARK



INCORRECT
MARKS



The following questions are about relationships, social interactions and people who support you.

1. How often do you go to religious meetings or services?

- More than once a week Once a week 1 to 3 times per month Less than once per month Never or almost never

2. How many hours each week do you participate in any groups such as a social or work group, church-connected group, self-help group, charity, public service or community group?

- None 1 to 2 hours 3 to 5 hours 6 to 10 hours 11 to 15 hours 16 or more hours

3. How many living children do you have?

- Daughters None 1 2 3 4 5 or more
Sons None 1 2 3 4 5 or more

4. How many of your children do you see at least once a month? None 1 2 3 4 5 or more

5. Apart from your children, how many relatives do you have with whom you feel close?

- None 1 to 2 3 to 5 6 to 9 10 or more

6. Apart from your children, how many close relatives do you see at least once a month?

- None 1 to 2 3 to 5 6 to 9 10 or more (the number of people NOT the number of times you see them)

7. How many close friends do you have?

- None 1 to 2 3 to 5 6 to 9 10 or more

8. How many of these friends do you see at least once a month?

- None 1 to 2 3 to 5 6 to 9 10 or more (the number of people NOT the number of times you see them)

9. Is there any one special person you know that you feel very close to; someone you feel you can share confidences and feelings with?

- Yes a) How often do you see or talk with this person?
 No Daily Weekly Monthly Several times/year Once/year or less

10. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

- None of the time A little of the time Some of the time Most of the time All of the time

11. How many people can you count on to provide you with emotional support?

- None One Two Three or more

12. Please indicate by filling in the appropriate response how often you felt or thought a certain way during the last month.

In the last month, how often have you felt that you were unable to control the important things in your life?

In the last month, how often have you felt confident about your ability to handle your personal problems?

In the last month, how often have you felt that things were going your way?

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never	Almost Never	Sometimes	Fairly Often	Very Often
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

Please continue on page 2

18. When you were a child (up to age 11 years), were you ever touched in a sexual way by an adult or an older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?

- No, this never happened Yes, this happened once Yes, this happened more than once

19. When you were a teenager (ages 11–17 years), were you ever touched in a sexual way by an adult or an older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?

- No, this never happened Yes, this happened once Yes, this happened more than once

20. When you were a child (up to age 11 years), did an adult or an older child ever force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?

- No, this never happened Yes, this happened once Yes, this happened more than once

21. When you were a teenager (ages 11–17 years), did an adult or an older child ever force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?

- No, this never happened Yes, this happened once Yes, this happened more than once

Now consider experiences with all intimate relationships (not only a current relationship) you have had as an adult (age ≥ 18 years).

22. Have you ever been involved in an intimate relationship lasting at least 3 months since you were ≥ 18 years old?

- No (If NO, skip to question 29) Yes

23. Have you ever been made to feel afraid of your spouse/significant other?

- No Yes

24. Have you ever been emotionally abused by your spouse/significant other?

- No, this never happened Yes, this happened once Yes, this happened more than once

25. Have you ever been hit, slapped, kicked, or otherwise physically hurt by your spouse/significant other?

- No, this never happened Yes, this happened once Yes, this happened more than once

26. Has your spouse/significant other ever forced you to have sexual activities?

- No, this never happened Yes, this happened once Yes, this happened more than once

If you answered YES to question 24 OR 25 OR 26, please go to 27. If not, you may skip to 28.

27. In approximately what year(s) of your adulthood did you experience the emotional, physical, or sexual abuse reported above?

Note that you may mark more than one.

<input type="radio"/> 1962	<input type="radio"/> 1963	<input type="radio"/> 1964	<input type="radio"/> 1965	<input type="radio"/> 1966	<input type="radio"/> 1967	<input type="radio"/> 1968	<input type="radio"/> 1969	<input type="radio"/> 1970	<input type="radio"/> 1971
<input type="radio"/> 1972	<input type="radio"/> 1973	<input type="radio"/> 1974	<input type="radio"/> 1975	<input type="radio"/> 1976	<input type="radio"/> 1977	<input type="radio"/> 1978	<input type="radio"/> 1979	<input type="radio"/> 1980	<input type="radio"/> 1981
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<input type="radio"/> 1992	<input type="radio"/> 1993	<input type="radio"/> 1994	<input type="radio"/> 1995	<input type="radio"/> 1996	<input type="radio"/> 1997	<input type="radio"/> 1998	<input type="radio"/> 1999	<input type="radio"/> 2000	<input type="radio"/> 2001

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P	P	P	P	P	P	P

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28. Now think about the last relationship with the spouse/significant other that you were or currently are involved with. Please choose the answer that best describes how much you agree or disagree in general with each item.

	1	2	3	4	5	6
	Agree Strongly	Agree Somewhat	Agree A Little	Disagree A Little	Disagree Somewhat	Disagree Strongly
Usually my partner is sensitive to my needs.	<input type="radio"/>					
My partner respects my interests and independence.	<input type="radio"/>					
My partner makes me feel unsafe even in my own home.	<input type="radio"/>					
I feel ashamed of the things my partner does to me.	<input type="radio"/>					
I try not to rock the boat because I am afraid of what my partner might do.	<input type="radio"/>					
I feel like I am programmed to react a certain way to my partner.	<input type="radio"/>					
I feel like my partner keeps me prisoner.	<input type="radio"/>					
My partner makes me feel like I have no control over my life, no power, no protection.	<input type="radio"/>					
I hide the truth from others because I am afraid not to.	<input type="radio"/>					
I feel owned and controlled by my partner.	<input type="radio"/>					
My partner can scare me without laying a hand on me.	<input type="radio"/>					
My partner has a look that goes straight through me and terrifies me.	<input type="radio"/>					

Please indicate if you are referring to a past or current relationship. Past Current

29. Have you ever taken out a restraining order? No Yes, against a spouse/significant other Yes, against other person

30. Have you ever been stalked by anyone? Yes, by one person Yes, by more than one person No

31. Have you ever experienced any of the following harassment behaviors by strangers, friends, relatives, spouse/significant other (male or female)? *Mark all that apply.*

If yes, who did it? (Note: What was the relationship at time of stalking?)

- Followed you or spied on you? → spouse/significant other ex-spouse/significant other other
- Sent you unwanted letters/written correspondence? → spouse/significant other ex-spouse/significant other other
- Made unwanted phone calls to you? → spouse/significant other ex-spouse/significant other other
- Stood outside your home, school or workplace? → spouse/significant other ex-spouse/significant other other
- Left unwanted items for you to find? → spouse/significant other ex-spouse/significant other other
- Tried to communicate with you in other ways against your will? → spouse/significant other ex-spouse/significant other other
- Vandalized your property or destroyed something you loved? → spouse/significant other ex-spouse/significant other other
- None *If NONE AND you answered no to question 29 then skip to question 35.*

32. How frightened were you by these things that this person/these persons did to you?
 Very frightened Somewhat frightened Just a little frightened Not really frightened Don't know

33. Did you ever believe you or someone close to you would be seriously harmed or killed when this person/these persons was following or harassing (stalking) you?
 Yes No Don't know

34. Has any one person ever done any of these things to you on more than one occasion?
 Yes No Don't know

We would also like to know more about your pregnancies.

35. Please answer each section below for each pregnancy you have had that lasted 12 weeks or more. Please do not include current pregnancies. Start with your most recent pregnancy and continue back to your first one. If you had twins or triplets, please count them as one pregnancy, and mark more than one circle for birth weight and infant gender in the same pregnancy column, where appropriate.

Please mark here if you have never been pregnant for at least 12 weeks.

	1 (Start here with most recent)	2	3	4	5																																																																																																																																																																																																																																																																																																												
Calendar year in which the pregnancy ended?	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="border: 1px solid black; 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How long did the pregnancy last?	<input type="radio"/> 12- < 20 weeks <input type="radio"/> 20- < 24 weeks <input type="radio"/> 24- < 28 weeks <input type="radio"/> 28- < 32 weeks <input type="radio"/> 32- < 37 weeks <input type="radio"/> 37-42 weeks (term) <input type="radio"/> 43+ weeks	<input type="radio"/> 12- < 20 weeks <input type="radio"/> 20- < 24 weeks <input type="radio"/> 24- < 28 weeks <input type="radio"/> 28- < 32 weeks <input type="radio"/> 32- < 37 weeks <input type="radio"/> 37-42 weeks (term) <input type="radio"/> 43+ weeks	<input type="radio"/> 12- < 20 weeks <input type="radio"/> 20- < 24 weeks <input type="radio"/> 24- < 28 weeks <input type="radio"/> 28- < 32 weeks <input type="radio"/> 32- < 37 weeks <input type="radio"/> 37-42 weeks (term) <input type="radio"/> 43+ weeks	<input type="radio"/> 12- < 20 weeks <input type="radio"/> 20- < 24 weeks <input type="radio"/> 24- < 28 weeks <input type="radio"/> 28- < 32 weeks <input type="radio"/> 32- < 37 weeks <input type="radio"/> 37-42 weeks (term) <input type="radio"/> 43+ weeks	<input type="radio"/> 12- < 20 weeks <input type="radio"/> 20- < 24 weeks <input type="radio"/> 24- < 28 weeks <input type="radio"/> 28- < 32 weeks <input type="radio"/> 32- < 37 weeks <input type="radio"/> 37-42 weeks (term) <input type="radio"/> 43+ weeks																																																																																																																																																																																																																																																																																																												
Outcome of the pregnancy?	<input type="radio"/> Single live birth <input type="radio"/> Twins/triplets <input type="radio"/> Miscarriage/stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or ectopic	<input type="radio"/> Single live birth <input type="radio"/> Twins/triplets <input type="radio"/> Miscarriage/stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or ectopic	<input type="radio"/> Single live birth <input type="radio"/> Twins/triplets <input type="radio"/> Miscarriage/stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or ectopic	<input type="radio"/> Single live birth <input type="radio"/> Twins/triplets <input type="radio"/> Miscarriage/stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or ectopic	<input type="radio"/> Single live birth <input type="radio"/> Twins/triplets <input type="radio"/> Miscarriage/stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or ectopic																																																																																																																																																																																																																																																																																																												
On average, how many cigarettes did you smoke per day during this pregnancy?	<input type="radio"/> None <input type="radio"/> < 1 cig/day <input type="radio"/> 1-4 cigs/day <input type="radio"/> 5-14 cigs/day <input type="radio"/> 15-24 cigs/day <input type="radio"/> 25+ cigs/day	<input type="radio"/> None <input type="radio"/> < 1 cig/day <input type="radio"/> 1-4 cigs/day <input type="radio"/> 5-14 cigs/day <input type="radio"/> 15-24 cigs/day <input type="radio"/> 25+ cigs/day	<input type="radio"/> None <input type="radio"/> < 1 cig/day <input type="radio"/> 1-4 cigs/day <input type="radio"/> 5-14 cigs/day <input type="radio"/> 15-24 cigs/day <input type="radio"/> 25+ cigs/day	<input type="radio"/> None <input type="radio"/> < 1 cig/day <input type="radio"/> 1-4 cigs/day <input type="radio"/> 5-14 cigs/day <input type="radio"/> 15-24 cigs/day <input type="radio"/> 25+ cigs/day	<input type="radio"/> None <input type="radio"/> < 1 cig/day <input type="radio"/> 1-4 cigs/day <input type="radio"/> 5-14 cigs/day <input type="radio"/> 15-24 cigs/day <input type="radio"/> 25+ cigs/day																																																																																																																																																																																																																																																																																																												
On average, how much alcohol did you drink per week during this pregnancy? One drink is 12 oz beer, 6 oz wine, or 1 oz liquor	<input type="radio"/> 0 drinks/week <input type="radio"/> 1 drink/week <input type="radio"/> 2-4 drinks/week <input type="radio"/> 5-6 drinks/week <input type="radio"/> 7-13 drinks/week <input type="radio"/> 14+ drinks/week	<input type="radio"/> 0 drinks/week <input type="radio"/> 1 drink/week <input type="radio"/> 2-4 drinks/week <input type="radio"/> 5-6 drinks/week <input type="radio"/> 7-13 drinks/week <input type="radio"/> 14+ drinks/week	<input type="radio"/> 0 drinks/week <input type="radio"/> 1 drink/week <input type="radio"/> 2-4 drinks/week <input type="radio"/> 5-6 drinks/week <input type="radio"/> 7-13 drinks/week <input type="radio"/> 14+ drinks/week	<input type="radio"/> 0 drinks/week <input type="radio"/> 1 drink/week <input type="radio"/> 2-4 drinks/week <input type="radio"/> 5-6 drinks/week <input type="radio"/> 7-13 drinks/week <input type="radio"/> 14+ drinks/week	<input type="radio"/> 0 drinks/week <input type="radio"/> 1 drink/week <input type="radio"/> 2-4 drinks/week <input type="radio"/> 5-6 drinks/week <input type="radio"/> 7-13 drinks/week <input type="radio"/> 14+ drinks/week																																																																																																																																																																																																																																																																																																												
Were you physically hurt by your spouse/significant other during this pregnancy?	<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times	<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times	<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times	<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times	<input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times																																																																																																																																																																																																																																																																																																												
For live births only:	<input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Girl <input type="radio"/> Boy																																																																																																																																																																																																																																																																																																												
a. Did you have a girl or a boy?	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs																																																																																																																																																																																																																																																																																																												
b. What was his or her birth weight?	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs	<input type="radio"/> < 5 lbs <input type="radio"/> 5-5.4 lbs <input type="radio"/> 5.5-6.9 lbs <input type="radio"/> 7-8.4 lbs <input type="radio"/> 8.5-9.9 lbs <input type="radio"/> 10+ lbs																																																																																																																																																																																																																																																																																																												

If you had more than 5 pregnancies lasting 12 weeks or more:

- a. How many more pregnancies did you have? 1 more 2 more 3 more 4+ more
- b. How many of these pregnancies lasted less than 37 completed weeks? 1 2 3 4+
- c. How many of these births weighed less than 5.5 pounds? 1 2 3 4+

Thank you for completing
this Questionnaire

1	1	1	1	1	1	1	1	6	01	A	
2	2	2	2	2	2	2	2	2	7	02	B
4	4	4	4	4	4	4	4	3	8	03	C
8	8	8	8	8	8	8	8	4	9	11	<input checked="" type="radio"/>
P	P	P	P	P	P	P	P	5	10	12	E